

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 2 - 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4688	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name STEPHEN T WOODS P.O. Box, Bldg., Room No., if any Street 2350 CLARK AVE City MARION State Iowa ZIP Code + 4 52302	4. Name, file number, and address of labor organization. Name IBEW LOCAL 1362 Labor Organization File Number 020-760 P.O. Box, Building and Room Number, if any Street 370 BLAIRS FERRY RD NE City CEDAR RAPIDS State Iowa ZIP Code + 4 52402
5. Position in labor organization. ASSISTANT BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):


A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name ROCKWELL COLLINS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 COLLINS ROAD NE City CEDAR RAPIDS State Iowa ZIP Code + 4 52498	7.a. Nature of Interest, Transaction, or Income. CELLULAR PHONE - ANNUALLY \$200 HEALTHCARE PREMIUM - ANNUALLY - \$345 7.b. Amount. \$545

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 07/12/2005 Date	319-295-4444 Telephone Number

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.


Signature

7-26-05
Date